

Incyte Corporation Legal Department 3160 Porter Drive Palo Alto, CA 94304 Telephone: (650) 855-0555 Facsimile: (650) 845-4166

(650) 849-8886

Date:

June 23, 2003

FAX RECEIVED

To:

Examiner Huff

JUN 23 2003

Company:

USPTO

0014 E D 2003

Fax No.:

703-308-2742

GROUP 1600

Telephone No.:

703-305-7866

From:

Shirley Recipon Direct Dail Number 650-621-8555

Our Ref. No.:

PF-0442-2 DIV

Your Ref. No.:

09/802,741

Page(s):

18

, including cover sheet

Comments:

Copy of Response to Final Office Action dated April 24, 2003 as previously submitted on June 3, 2003 and received by the USPTO on June 5, 2003 for your review.

Mail Stop: AF

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1459

Applicant(s):

Fisher 🚅.

Serial No.:

09/802,741 March 8:2001

Filing Date: Title:

CYCLIC GMP PHOSPHOD

Enclosed:

- 1. Rerum Receipt Postcard;
- 2. Fee Transmittal Sheet (1 pg., in duplicate); and
- 3. Response to Final Office Action (15 pp.).

SAR/If

Method of Payment: Deposit Account

Mailed: June 3, 2003

Docket No.: PE-0442





Incyte Corporation Legal Department 3160 Porter Drive Palo Alto, CA 94304



Response Under 37.C.F.R. 1.116 - Expedited Procedure Examining Group 1642

Certificate of Mailing I hepetar certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope											
addressed By:	to Mail Stop	AF, Commission	er for	Patents, P.O. I	Box 14	150, Alexandria Lyza Fi	, VA 22313-1	1450 on June 3	200	<u>a</u> .	
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE											
In re Application of: Fisher et al.											
Title:			PH.	OSBRODIES	TED	A ST					
Serial N		CYCLIC GMP PHOSPHODIESTERASE 09/802,741 Filing Date: M							001		
		·				Filing Date; March 08, 2001					
Examiner:		Huff, S.				Group Art Unit: 1642					
Mail Stop: AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450											
FIRE TRANSPORTER AND											
FEE TRANSMITTAL SHEET Sir.											
Transmitted herewith are the following for the above-identified application:											
1. Return Receipt Postcard; and 2. Response to Final Office Action (15 pp.).											
The fee has been calculated as shown below.											
	Claims	Claims Afte Amountment		Claims Propositiv Paid For		Process Exerg	N	Tasa Belay Fee		del (toppa (Forta)	
	Total	20	<u>.</u>	20	•	0	×3 18.00	0	5	0	
	Indept.	2	<u> </u>	3	<u> </u>	0	x594.00	0	s	0	
First Presentation of Multiple Dependent Claims:							+280.00	0	s	0	
Total Fee: S										0	
_	X No additional Fee is required.										
Please charge Deposit Account No. 09-0108 in the amount of:											
The Commissioner is hereby authorized to charge any additional fees required under 37 CFR 1.16 and 1.17, or credit overpayment to Deposit Account No. 09-0108. A duplicate copy of this sheet is enclosed.											
Respectfully submitted,											
INCYTE CORPORATION											
Date: -3	Date: 3 June 2003 Harley of thecipen										
	Shirley A. Recipan										
	•					Reg. No. 47,0		SN) 621 954			
3160 Port	Direct Dial Telephone: (650) 621-8555 3160 Porter Drive										
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Fax: (650) 845-4166

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